24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)					PAGE 1 OF 1 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full) Freedom Partners Action Fund, Inc.					FEC IDENTIFICATION NUMBER ▼
					C C00564765
Check if 24-hour report					
Full Name of Payee				Date o	of Public Distribution/Dissemination
1360					09 30 2014
Mailing Address PO BOX 37046				Amour	nt
City		State	Zip Code		131400.00
BALTIMORE					action ID : SE24.121 of Disbursement or Obligation
Purpose of Ex MEDIA PLACI	Purpose of Expenditure MEDIA PLACEMENT - BROADCAST/CABLE Category/ Type				09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate X Support Office Sought: X House District: 02					
WILLIAM STEVE SOUTHERLAND II Oppose				Preside	
Calcinal Ical Ic Date				Disbursement 2014 Ot	t For: Primary
Full Name of Payee Date of Public Distribution/Dissemination					
PASSCODE CREATIVE, LLC				М	09 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Addres	SS 227 THIRD AVENUE N			Amou	nt
City		State	Zip Code	$ $ Γ	11479.40
FRANKLIN		TN	37064		ction ID : SE24.122 of Disbursement or Obligation
Purpose of Ex TV/MEDIA PF			Category/ Type	М	09 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Fede	ral Candidate		Support	Office Sough	t: X House District: 02
WILLIAM STE	VE SOUTHERLAND II		Oppose	Preside	ent Senate State: FL
	Year-To-Date ion for Office Sought		142879.40	Disbursemen 2014 O	t For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures					
(b) SUBTOTAL of Unitemized Independent Expenditures					
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
	omas F. Maxwell III	[Electron	nically Filed] Date	e 10	01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature					